

APPLICATION FOR MODIFICATIONS TO AN OCCUPATIONAL LICENSE FOR REGISTRATION SERVICE

PLEASE PRINT:

BUSINESS NAME (PRINT PRIOR NAME IF CHANGING NAME)	OCCUPATIONAL LICENSE NUMBER
LIMITED LIABILITY COMPANY (LLC) (PRINT PRIOR NAME IF CHANGING NAME)	

CHECK APPROPRIATE BOX(ES) FOR CHANGE(S) BEING MADE TO YOUR REGISTRATION SERVICE LICENSE:

SIDE 1

- ☐ CHANGING BUSINESS, CORPORATE NAME, OR LLC NAME
- ☐ ADDING BRANCH OFFICE
- ☐ CHANGING ADDRESS OF PRINCIPAL PLACE OF BUSINESS OR BRANCH OFFICE
- ☐ ADDING OR DELETING EMPLOYEE

SIDE 2

- ☐ CHANGING CONTROLLING STOCKHOLDER(S), DIRECTOR(S) AND/OR OFFICER(S)
- ☐ CHANGING MEMBERS OF LIMITED LIABILITY COMPANY

CHANGING BUSINESS, CORPORATE OR NAME	PRINT NEW NAME		
ADDING OR CHANGING BUSINESS ADDRESS	CHECK APPROPRIATE BOX		
	<input type="checkbox"/> ADDING BRANCH OFFICE		
	<input type="checkbox"/> CHANGING ADDRESS OF PRINCIPAL PLACE OF BUSINESS		
	<input type="checkbox"/> CHANGING ADDRESS OF A BRANCH OFFICE		
	NEW ADDRESS (NUMBER AND STREET)	CITY	ZIP
	TELEPHONE NUMBER ()		
	PRIOR ADDRESS IF CHANGING (NUMBER AND STREET)	CITY	ZIP
	TELEPHONE NUMBER ()		
	PROPERTY OWNER'S TRUE FULL NAME	TELEPHONE NUMBER ()	
	OWNER'S ADDRESS (NUMBER AND STREET)	CITY	ZIP
	CHECK EACH APPLICABLE BOX:		
	<input type="checkbox"/> MOBILE OFFICE	<input type="checkbox"/> OFFICE IS LOCATED IN A RESIDENCE	<input type="checkbox"/> OFFICE MEETS ALL CITY AND COUNTY ZONING REQUIREMENTS
	<input type="checkbox"/> RECORDS MAINTAINED ELECTRONICALLY		

ADDING OR DELETING EMPLOYEES

THE LICENSEE MUST NOTIFY THE DEPARTMENT OF ALL EMPLOYEE CHANGES

DATE ADDED	TRUE FULL NAME (LAST, FIRST, MIDDLE)				DRIVER LICENSE OR ID NO.	STATE ISSUED
DATE DELETED	RESIDENCE ADDRESS (NUMBER AND STREET)				CITY	ZIP
BIRTHDATE	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT	
DATE ADDED	TRUE FULL NAME (LAST, FIRST, MIDDLE)				DRIVER LICENSE OR ID NO.	STATE ISSUED
DATE DELETED	RESIDENCE ADDRESS (NUMBER AND STREET)				CITY	ZIP
BIRTHDATE	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT	

CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the foregoing information is true and correct and that I agree to notify the department in writing immediately of any change in location, ownership, or legal structure of this business and to submit new application papers properly reflecting the changes together with the required fees.

DATE	SIGNATURE OF INDIVIDUAL OWNER, ANY PARTNER, AN OFFICER OF CORPORATION, OR MEMBER LLC	TITLE
DATE	SIGNATURE OF INDIVIDUAL OWNER, ANY PARTNER, AN OFFICER OF CORPORATION, OR MEMBER LLC	TITLE
DATE	SIGNATURE OF INDIVIDUAL OWNER, ANY PARTNER, AN OFFICER OF CORPORATION, OR MEMBER LLC	TITLE
DATE	SIGNATURE OF INDIVIDUAL OWNER, ANY PARTNER, AN OFFICER OF CORPORATION, OR MEMBER LLC	TITLE




ADDING OR DELETING CORPORATE STOCKHOLDER(S)/DIRECTOR(S)/OFFICER(S)

IF ADDING OR DELETING STOCKHOLDER(S)/DIRECTOR(S)/OFFICER(S), list all controlling stockholders, director(s), and officer(s) who, by reason of the facts and circumstances, could direct, control or manage the business of the registration service. If there are additional names, attach a list.

PLEASE NOTE — Each individual listed below as being added, must submit a Personal History Questionnaire (Part B) and a fingerprint card.

DATE ADDED	DATE DELETED	TRUE FULL NAME (LAST, FIRST, MIDDLE)	TITLE

CERTIFICATION: *I certify under penalty of perjury under the laws of the State of California that the foregoing information is true and correct and I agree to notify the department in writing immediately of any change in location, ownership, or legal structure of this business and to submit new application papers properly reflecting the changes together with the required fees.*

DATE	SIGNATURE OR OFFICER OF CORPORATION	TITLE
		

ADDING OR DELETING MEMBER(S) OR MANAGER(S) LIMITED LIABILITY COMPANY

IF ADDING OR DELETING MEMBER(S) OR MANAGER(S), list all controlling member(s), or manager(s) who, by reason of the facts and circumstances, could direct, control or manage the business of the registration service. If there are additional names, attach a list.

PLEASE NOTE — Each individual listed below as being added, must submit a Personal History Questionnaire (Part B) and a fingerprint card.

DATE ADDED	DATE DELETED	TRUE FULL NAME (LAST, FIRST, MIDDLE)	TITLE

CERTIFICATION: *I certify under penalty of perjury under the laws of the State of California that the foregoing information is true and correct and I agree to notify the department in writing immediately of any change in location, ownership, or legal structure of this business and to submit new application papers properly reflecting the changes together with the required fees.*

DATE	SIGNATURE OF MEMBER OR MANAGER LIMITED LIABILITY COMPANY	TITLE
	